ABAS®-3) Adaptive Behavior Assessment System, Third Edition

By Patti Harrison, PhD, Thomas Oakland, PhD

BENEFITS
Provides a complete assessment of adaptive skills across the life span
AGES
Birth to 89 years
ADMIN TIME
15 to 20 minutes
FORMAT
Behavior rating scale typically completed by parent, caregiver, and/or teacher; self-rating option for adults
SCORES
For the 11 skill areas assessed—norm-referenced scaled scores. For the 3 adaptive domains and the General Adaptive Composite (GAC)—norm-referenced standard scores, confidence intervals for standard scores, and percentile ranks. In addition, all scores can be categorized descriptively
PUBLISH DATE
2015

The ABAS-3 combines all-new norms with updated item content to create the leading adaptive skills assessment. Retaining all features that made the second edition the preferred instrument for evaluating adaptive behavior, the ABAS-3 is even easier to administer and score. Comprehensive, convenient, and cost-effective, this behavior rating scale measures daily living skills—what people actually do, or can do, without assistance from others. It is particularly useful for evaluating those with developmental delays, autism spectrum disorder, intellectual disability, learning disabilities, neuropsychological disorders, and sensory or physical impairments.

Multiple Raters, Different Perspectives
The ABAS-3 includes five rating forms, each for a specific age range and rater:
- Parent/Primary Caregiver Form (Ages 0–5)
- Teacher/Daycare Provider Form (Ages 2–5)
- Parent Form (Ages 5–21)
- Teacher Form (Ages 5–21)
- Adult Form (Ages 16–89)

Parents, family members, teachers, daycare staff, supervisors, counselors, or others who are familiar with the daily activities of the individual being evaluated can complete these forms. In addition, the Adult Form can be administered as a self-report. The items may be read aloud to raters who have low sight or reading skills.

Although it's possible to evaluate adaptive skills using only a single rater, gathering ratings from several people will provide a more complete assessment. Multiple ratings show how the individual performs in various settings. When different forms are used by different raters to evaluate an individual's adaptive skills, a comparative report can be generated to show areas that warrant further attention.

Skills and Domains Consistent with AAIDD, DSM-5, IDEA, and RTI Guidelines

The ABAS-3 covers three broad adaptive domains: Conceptual, Social, and Practical. Within these domains, it assesses 11 adaptive skill areas (each form assesses 9 or 10 skill areas based on age range). Items focus on practical, everyday activities required to function, meet environmental demands, care for oneself, and interact with others effectively and independently. On a four-point response scale, raters indicate whether the individual can perform each activity, and if so, how frequently they perform it when needed.

The ABAS-3 is aligned with the AAIDD, DSM-5, and IDEA specifications, and works well within an RTI context. It generates norm-referenced scaled scores and test-age equivalents for the 11 skill areas. It also provides standard scores, confidence intervals, and percentile ranks for the three broad adaptive domains and the summary score—the General Adaptive Composite. In addition, all scores can be categorized descriptively (Extremely Low, Low, Below Average, Average, Above Average, High).

Now Available in Three Formats: Online, Software, and Print

The WPS® Online Evaluation System™ offers convenient ABAS-3 administration, scoring, and intervention planning. Online testing allows clinicians to:

- Administer all forms remotely or in-person
- Check the status of an administration at any time
- Score and report automatically
- Create customized intervention plans
- Easily monitor an individual's progress over time
- Quickly compare two raters' scores

In addition to online evaluation, the ABAS-3 can also be administered using paper-and-pencil forms that have been redesigned and are even easier to use than preceding editions of the ABAS. Scoring is quick, by hand or using desktop software. The Unlimited-Use Scoring Assistant and Intervention Planner Software generates a narrative interpretation of all scores, strengths and needs analysis, composite score discrepancy analysis, and more.

Beyond Measure: Create Effective Intervention Plans Based on ABAS-3 Results

Create and achieve therapeutic goals with the ABAS-3 Intervention Planner™. Available in three formats—online, software, and print—it allows users to create a customized therapy plan based on adaptive skill area deficits identified by the ABAS-3. The Intervention Planner offers:

- Simple, straightforward intervention activities for each ABAS-3 item across all forms
- Developmentally appropriate strategies to help improve functioning at home, school, work, and in the community
- Versatile activities that can be used with an individual, a small group, or in the classroom
- Suggestions for guiding teacher and family involvement in intervention programs
- Progress Monitoring Report for online and software formats

The Intervention Planner is included in all ABAS-3 kits and may be purchased separately in print.

Inform Diagnosis and Treatment Planning

Measuring adaptive skills is important whenever a disorder or other condition affects daily functioning. Whether trying to identify the best learning environment for a child or ensure that an older person can live independently, the ABAS-3 provides the information needed to make appropriate clinical decisions and design effective intervention. Its applications are almost endless.

No matter the setting, the age of the individual, or the nature of his or her limitations, the ABAS-3 can help clinicians:

- Assess adaptive skills
- Diagnose and classify disabilities and disorders
- Identify strengths and weaknesses
- Document and monitor progress over time
- Develop treatment plans and training goals
- Determine eligibility for services and disability benefits
- Evaluate capability to live or work independently

This versatile instrument lets clinicians gather information from several raters in different settings to obtain a broad view of an individual's functional skills. And because the ABAS-3 conforms to AAIDD, DSM-5, IDEA, and RTI specifications, you can use it with confidence.

ADD-H Comprehensive Teacher's Rating Scale (ACTeRS)
Second Edition
by Rina K. Ullmann, M.Ed., Esther K. Sleator, M.D., and Robert L. Sprague, Ph.D.

This brief checklist assesses one of the most prevalent childhood behavior problems: attention-deficit disorder, with or without hyper- activity. Because this disorder manifests itself primarily in the classroom, it is best evaluated by teacher ratings.

ACTeRS is composed of 24 items that cover four factors: Attention, Hyperactivity, Social Skills, and Oppositional Behavior. The teacher rates the child on each item, using a five-point scale, ranging from "Almost Never" to "Almost Always." Item scores can be quickly totaled and profiled to obtain percentiles for the four scales. Standardization is based on approximately 2,400 children in kindergarten through eighth grade, and separate norms are provided for boys and girls.

The scale is highly useful in evaluating and monitoring children who can't seem to pay attention in class. Because it is so quick and cost-effective, ACTeRS can be used to screen students or to confirm a suspected diagnosis of ADD or ADD-H. It has proven particularly useful in differentiating children with learning disorders from those with ADD-H.

For even greater diagnostic accuracy, you can supplement the teacher rating scale with the ACTeRS Parent Form and the ACTeRS Self-Report. These give you additional perspectives on the child's behavior. The Parent Form provides scores for the same four subscales in the original ACTeRS, plus an additional scale focusing on early childhood behavior. Since this behavior is known to the parent but not the teacher, the Parent Form brings a new dimension to your assessment. The 35-item Self-Report provides scores for three scales--Attention, Hyperactivity/Impulsivity, and Social Adjustment.

Adaptive Behavior Inventory (ABI)

Ages: *6 through 18*
Testing Time: *Under 30 minutes*
Administration: *Individual*

The ABI evaluates the functional daily living skills of school-age children (ages 6-0 to 18-11) and helps identify students believed to be intellectually disabled or emotionally disturbed. Both the ABI and the ABI-Short Form are completed by the classroom teacher or other professional staff, and both yield Adaptive Behavior Quotients, standard scores, and percentile ranks.

The tests were standardized on 1,296 non-disabled students and 1,076 students with intellectual disabilities in 21 states. The demographic characteristics of the normal intelligence standardization group approximate the eight major characteristics reported in the U.S. census.

In addition, the intellectually disabled sample is representative across several variables unique to the disabled population in this country. Internal consistency and test-retest reliability are in the .80s and .90s at most ages. Evidence of concurrent and construct validity also is provided.

Asperger Syndrome Diagnostic Scale (ASDS)

Author(s): Brenda Smith Myles, Stacy Jones-Bock, and Richard L. Simpson

Quickly identify children who might have Asperger Syndrome

Obtain an AS Quotient that indicates the likelihood that an individual has Asperger Syndrome.

- Speech-language pathologists, therapists, parents, teachers, or siblings answer the 50 yes/no items drawn from five specific areas of behavior: Cognitive, Maladaptive, Language, Social, and Sensorimotor.

- The five subtest scores provide comparative information. The total score identifies individuals with Asperger Syndrome.

- Use the test to document behavioral progress as a result of intervention or to target goals on the student's IEP.

Attention-Deficit/Hyperactivity Disorder Test, Second Edition

BY JAMES E. GILLIAM

The Attention-Deficit/Hyperactivity Disorder Test, Second Edition (ADHDT-2) helps clinicians and teachers quickly identify ADHD in students and estimate its severity. It meets diagnostic criteria for ADHD published in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

Thirty-three clearly stated items are grouped into two subscales—Inattention and Hyperactivity/Impulsivity—and describe the characteristic behaviors of individuals with ADHD. The Examiner's Manual provides evidence that the ADHDT-2 provides a reliable and valid measure of ADHD in children and adolescents.

New in the ADHDT-2

- Items and subscales are compatible with DSM-5 diagnostic criteria

- Thirty-three items (reduced from 36)

- Hyperactivity and Impulsivity subscales are combined into one subscale

- All new normative data

- An interpretation guide now included in the Examiner's Manual offers an easy and efficient way to assess the probability of ADHD and its severity

Autism Diagnostic Interview, Revised (ADI-R)
by Michael Rutter, M.D., FRS, Ann LeCouteur, M.B.B.S., and Catherine Lord, Ph.D.

Used in research for decades, this comprehensive interview provides a thorough assessment of individuals suspected of having autism or other autism spectrum disorders. The ADI-R has proven highly useful for formal diagnosis as well as treatment and educational planning.
    To administer the ADI-R, an experienced clinical interviewer questions a parent or caretaker who is familiar with the developmental history and current behavior of the individual being evaluated. The interview can be used to assess both children and adults, as long as their mental age is above 2 years, 0 months.

Evaluate 3 functional domains
    Composed of 93 items, the ADI-R focuses on three functional domains:

- Language/Communication

- Reciprocal Social Interactions

- Restricted, Repetitive, and Stereotyped Behaviors and Interests

    Following highly standardized procedures, the interviewer records and codes the informant's responses. Interview questions cover eight content areas:

- The subject's background, including family, education, previous diagnoses, and medications

- Overview of the subject's behavior

- Early development and developmental milestones

- Language acquisition and loss of language or other skills

- Current functioning in regard to language and communication

- Social development and play

- Interests and behaviors

- Clinically relevant behaviors, such as aggression, self-injury, and possible epileptic features

Use one convenient form to score any ADI-R algorithm

Typically, administration and scoring require from 1 1/2 to 2 1/2 hours.

Results can now be scored and interpreted using a single convenient form rather than the five forms previously required. The Comprehensive Algorithm Form (W-382E) allows you to calculate and interpret any one of five, age-specific ADI-R algorithms (two Diagnostic Algorithms based on developmental history and used for formal diagnosis, and three Current Behavior Algorithms focusing on present functioning and used for treatment and educational planning). The algorithms themselves have not changed; the new form simply replaces the five forms previously needed to calculate all algorithms.

Support diagnosis or determine clinical needs

Because the ADI-R is an interview rather than a test, and because it focuses on behaviors that are rare in nonaffected individuals, it provides categorical results rather than scales or norms. Results can be used to support a diagnosis of autism or to determine the clinical needs of various groups in which a high rate of autism spectrum disorders might be expected (e.g., individuals with severe language impairments or certain medical conditions, children with congenital blindness, and youngsters suffering from institutional deprivation). The ADI-R has proven very effective in differentiating autism from other developmental disorders and in assessing syndrome boundaries, identifying new subgroups, and quantifying autistic symptomatology. Extensive use of the ADI-R in the international research community has provided strong evidence of the reliability and validity of its categorical results.

Autism Screening Instrument for Educational Planning: Third Edition (ASIEP-3)
by David A. Krug, Ph.D., Joel R. Arick, Ph.D., and Patricia J. Almond, Ph.D.

This individually administered instrument helps professionals evaluate children with autism and develop appropriate instructional plans. It can also be used for differential diagnosis, as it distinguishes youngsters with autism from those with other severe handicaps.

The Third Edition can be used with children from 2-0 to 13-11 years of age. Like the previous version, the ASIEP-3 looks at five aspects of behavior, which together provide a clear picture of the individual's functional abilities and instructional needs. It is composed of five subtests:

- Autism Behavior Checklist
  Used during initial screening, this checklist describes 47 behaviors typical of children with autism.

- Sample of Vocal Behavior
  Measures four characteristics of spontaneous speech--repetitiveness, non-communication, intelligibility, and babbling.

- Interaction Assessment
  Assesses spontaneous social responses and reactions to requests.

- Educational Assessment
  Measures functioning in five areas--receptive language, expressive language, body concept, speech imitation, and staying in seat.

- Prognosis of Learning Rate
  Examines learning acquisition rate, using a discrete trial/direct instruction approach.

Although each subtest is administered in a different way, Record Forms for all five are now provided in a single, standard format. School psychologists, teachers, speech-language pathologists, and other professionals familiar with autism can quickly score the test. It yields standard scores and percentile ranks for each subtest. These can be plotted on a summary profile, which allows the examiner to quickly compare the child's performance to patterns expected for children with autism and for children with other handicaps.

This carefully constructed instrument provides a systematic way to assess a group of children who are difficult to test and treat. It comprehensively assesses the developmental behaviors that are most important to the classroom teacher and provides data that can be used to create appropriate educational programs and monitor progress.

Autism Spectrum Rating Scales (ASRS)
by Sam Goldstein, Ph.D., and Jack A. Naglieri, Ph.D.

Benefit : Evaluates the entire autism spectrum, increasing diagnostic accuracy

Ages : 2 to 18 years

Administration Time : 20 minutes; 4 minutes for Short Form

Format : Teacher and parent rating scales

Scores : Scale scores and an overall score, expressed as standard scores and percentile ranks

Norms : Based on parent and teacher ratings of 2,560 children from across the U.S. (640 ages 2 to 5; 1,920 ages 6 to 18); also a clinical sample of more than 1,200 subjects with autism spectrum disorder, ADHD, Mood and Anxiety Disorders, and Disruptive Behavior Disorders

This new, norm-referenced assessment identifies symptoms and behaviors associated with the full range of autism spectrum disorders. Available in two forms--one for preschoolers, the other for elementary and high school students--the ASRS includes the following treatment scales:

- Peer Socialization

- Adult Socialization

- Social/Emotional Reciprocity

- Atypical Language

- Stereotypy

- Behavioral Rigidity

- Sensory Sensitivity

- Attention/Self-Regulation (ages 6 to 18 only)

- Attention (ages 2 to 5 only)

Using a 5-point Likert response scale, parents and teachers indicate how often they observe specific behaviors in the child being evaluated. A 15-item Short Form offers a convenient alternative for screening large groups or monitoring treatment.

The ASRS can guide diagnostic decisions, treatment planning, and response to intervention.

BSSI-3: Basic School Skills Inventory – Third Edition

Ages: 4 through 6
Testing Time: 5 to 8 minutes
Administration: Individual
The Basic School Skills Inventory—Third Edition (BSSI3) is used to locate children ages 4-0 through 6-11 who are at high risk for school failure, who need more in-depth assessment, and who should be referred for additional study. The inventory of 137 items is based on teachers' judgments of desirable school performance. It can be administered in 5 to 8 minutes. Using a 4-point Likert-type scale that ranges from does not perform to performance indicates mastery, the BSSI3 provides a quick teacher rating scale of early abilities in six areas:
- Daily Living Skills—basic knowledge and skills typically required for participation in day-to-day activities in school
- Spoken Language—ability to communicate orally
- Reading—knowledge of print in the form of letters, words, sentences, and paragraphs
- Writing—abilities and skills directly involved in writing letters, words, sentences, and paragraphs
- Mathematics—knowledge of numerical concepts and arithmetic operations involved in beginning mathematics
- Classroom Behavior—attentiveness, cooperation, attitude, socialization, and work habits

Standard scores, percentiles, and age and grade equivalents are reported for each scale. Reliability coefficients are in the .90s for each scale.
Carolina Picture Vocabulary Test (CPVT)

Ages: 4-0 through 11-6
Testing Time: 10 to 15 minutes
Administration: Individual
The Carolina Picture Vocabulary Test (CPVT) is a norm- referenced, validated, individually administered, receptive sign vocabulary test for children between the ages of 4 and 11.5 who are deaf or hearing impaired.

The population (N = 767) used in the standardization research was based on a nationwide sample of children who use manual signs as their primary means of communication. Stratification of the sample was based on geographic region, educational facility, parental occupation, gender, race, age, grade, etiology, age of onset of hearing impairment, number of years of signing, IQ, and threshold of hearing loss in the better ear.

The CPVT consists of 130 items with suggested basal and ceiling levels. Ten to 15 minutes are required to administer the test. Scale scores, percentile ranks, and age equivalency scores are provided.

Childhood Autism Rating Scale, Second Edition (CARS2)
by Eric Schopler, Ph.D., Mary E. Van Bourgondien, Ph.D., Glenna Janette Wellman, Ph.D., and Steven R. Love, Ph.D.

Benefit :	Helps to identify children with autism and determine symptom severity through quantifiable ratings based on direct observation
Ages :	2 years and up
Administration Time :	5 to 10 minutes (after the information needed to make the ratings has been collected)
Format :	Two 15-item rating scales completed by the clinician (each designed for a different population); and an unscored Parent/Caregiver Questionnaire
Scores :	Cutoff scores, standard scores, and percentiles

Since its original publication, the CARS has become one of the most widely used and empirically validated autism assessments. It has proven especially effective in discriminating between children with autism and those with severe cognitive deficits, and in distinguishing mild-to-moderate from severe autism.

Now a revised Second Edition expands the test's clinical value, making it more responsive to individuals on the "high-functioning" end of the autism spectrum--those with average or higher IQ scores, better verbal skills, and more subtle social and behavioral deficits. While retaining the simplicity, brevity, and clarity of the original test, the CARS2 adds forms and features that help you integrate diagnostic information, determine functional capabilities, provide feedback to parents, and design targeted intervention.

The CARS2 includes three forms:

Standard Version Rating Booklet (CARS2-ST)
Equivalent to the original CARS; for use with individuals younger than 6 years of age and those with communication difficulties or below-average estimated IQs

High-Functioning Version Rating Booklet (CARS2-HF)
An alternative for assessing verbally fluent individuals, 6 years of age and older, with IQ scores above 80
Questionnaire for Parents or Caregivers (CARS2-QPC)
An unscored scale that gathers information for use in making CARS2-ST and CARS2-HF ratings

The Standard and High-Functioning Forms
The CARS2-ST and CARS2-HF each include 15 items addressing the following functional areas:

- Relating to People

- Imitation (ST); Social-Emotional Understanding (HF)

- Emotional Response (ST); Emotional Expression and Regulation of Emotions (HF)

- Body Use

- Object Use (ST); Object Use in Play (HF)

- Adaptation to Change (ST); Adaptation to Change/Restricted Interests (HF)

- Visual Response

- Listening Response

- Taste, Smell, and Touch Response and Use

- Fear or Nervousness (ST); Fear or Anxiety (HF)

- Verbal Communication

- Nonverbal Communication

- Activity Level (ST); Thinking/Cognitive Integration Skills (HF)

- Level and Consistency of Intellectual Response

- General Impressions

Items on the Standard form duplicate those on the original CARS, while items on the HF form have been modified to reflect current research on the characteristics of people with high functioning autism or Asperger's Syndrome.

The clinician rates the individual on each item, using a 4-point response scale. Ratings are based not only on frequency of the behavior in question, but also on its intensity, peculiarity, and duration. While this more nuanced approach gives you greater flexibility in integrating diagnostic information, it still yields quantitative results.

The Rating Booklets for both the Standard and HF versions are particularly convenient. They include space for clinical note-taking and documentation. They briefly describe each area rated, providing a reminder of rating criteria and a framework for explaining results to parents. And they list cutoff values so that you can see at a glance whether further evaluation is warranted.

Rating values for all items are summed to produce a Total Raw Score. Each form includes a graph that allows you to quickly convert the Total Raw Score to a standard score or percentile rank (based on a clinical sample of 1,034 individuals with autism spectrum disorders). The Manual provides guidelines for score interpretation, suggestions for intervention, and case examples.

The Questionnaire for Parents or Caregivers
The CARS2-QPC is an unscored form completed by the parent or caregiver of the individual being assessed. Its purpose is to give the clinician more information on which to base CARS2-ST or CARS2-HF ratings. Often the questionnaire serves as the framework for a follow-up interview, during which the clinician can clarify and interpret the responses provided by the parent or caregiver.
The areas covered by the CARS2-QPC include the individual's early development; social, emotional, and communication skills; repetitive behaviors; play and routines; and unusual sensory interests.

The Best Way to Inform and Support Diagnosis
The new CARS2 is extremely useful in identifying symptoms of autism.

1. It covers the entire autism spectrum, as defined by empirical research.

2. It is based on decades of use with thousands of referred individuals.

3. It assesses virtually all ages and functional levels.

4. It provides concise, objective, and quantifiable ratings based on direct behavioral observation.

5. Scores show a consistent, strong, positive, and specific relationship with autism diagnosis.

6. Ratings are reliable across time, settings, sources of information, and raters.

With a new form for higher-functioning individuals, a structured way to gather caregiver information, and guidelines linking scores to intervention, the CARS2 remains one of the best autism assessments available.

Cognitive Assessment of Young Children (CAYC)

by M. Beth Langley, Rebecca R. Fewell, and Taddy Maddox

Benefit: Offers a reliable, child-friendly
                way to assess cognitive ability in
                young children and determine

	need for services
Ages:	2 months through 5-11 years
Administration Time:	15 to 30 minutes
Format:	Individually administered, play-related tasks
Scores:	Percentiles, age-equivalents, and index scores
Norms:	Based on a nationally representative sample of 743 children in 16 states

Here is a well-constructed, child-friendly test that identifies youngsters who have developmental delays. Using a structured, play-based approach, the CAYC provides a comprehensive assessment of cognitive abilities in children from 2 months through 5 years, 11 months of age. It tells you how well youngsters can:

- Organize, plan, and execute actions
- Apply past learning to new problems
- Solve problems related to everyday experience

At higher levels, the CAYC also assesses skills essential to literacy, math, and writing.

Age-Related Developmental Tasks

The CAYC consists of 107 structured items within six age-related levels. At each level, developmental and meta-cognitive tasks are presented to the child. These involve but are not limited to the following:

- Fine motor coordination and planning

- Communication and play

- Memory

- Reasoning

- Perceptual development

- Processing

- Classification and organization

- Concept development

- Practical knowledge

Items within each level are sequenced according to increasing difficulty, and later tasks build on earlier skills. This allows examiners to establish basals and ceilings, thereby limiting evaluation time and making it less likely that the child will become frustrated. The materials and activities presented to the child are very similar to those encountered in early intervention programs. Most youngsters find them engaging, motivating, and enjoyable. (Note: Children must have sufficient hearing, vision, and movement skills to understand and respond to test items.)

The CAYC provides three kinds of normative scores: percentile ranks, age equivalents, and index scores. Standardization is based on a sample of 743 children, nationally representative in regard to gender, geographic region, ethnicity, family income, and parental education.

An Ideal Way to Determine Need for Services

The CAYC is a particularly effective way to:

- Estimate a child's cognitive ability relative to his or her peers

- Identify cognitive strengths and weaknesses

- Document change following intervention

- Measure cognitive ability for research purposes

Psychometrically sound and highly informative, the CAYC is an excellent choice for professionals who must assess young children in order to determine their need for services.

Comprehensive Receptive and Expressive Vocabulary Test, Second Edition (CREVT-2)
by Gerald Wallace and Donald D. Hammill

Based on the most current theories of vocabulary development, the CREVT-2 measures receptive and expressive oral vocabulary in both adults and children. The Second Edition expands the test's age range, so you can now use it with anyone between 4 and 90 years of age.

The CREVT-2 is composed of two subtests:

1. Receptive Vocabulary includes 10 plates, each showing six full-color photographs relating to a particular theme (animals, food, etc.). The examiner reads a series of five to eight words, one at a time. After each word, the examinee chooses one of the six photos that goes with the stimulus word. When he or she misses two words in a row, the examiner introduces the next plate.

2. Expressive Vocabulary includes 25 words related to the themes used in the Receptive Vocabulary Subtest. The examiner simply asks the individual to define these words, one at a time. Because basals and ceilings are used, the test can be given quickly.

All words used in the subtests represent familiar, everyday objects or concepts, and all are appropriate for both children and adults.

Available in two alternate forms, the CREVT-2 gives you standard scores, percentiles, and age equivalents. It was standardized on 2,500 children and adults--a sample reflecting U.S. Census data in regard to gender, geographic region, ethnicity, race, urban/rural residence, and disability. Norms are stratified by age. Studies documented in the Manual indicate that test items have no gender, racial, ethnic, or linguistic bias. Both reliability and validity studies indicate that the test can be used with a variety of subgroups as well as the general population.

Quick to administer and easy to score, the CREVT-2 is an excellent way to identify people whose oral vocabulary is significantly smaller than that of their peers. It is also useful in pinpointing the strengths and weaknesses of individuals and documenting their progress in developing oral vocabulary with instructional intervention.

DABERON Screening for School Readiness—Second Editon (DABERON-2)

Ages 4 through 6
Testing Time: 20 to 40 minutes

Administration: Individual

The DABERON-2 provides a standardized assessment of school readiness in children ages 4 through 6, including those with learning or behavior problems who are functioning at the early elementary level. The test samples knowledge of body parts, color and number concepts, gross motor development, categorization, and other developmental abilities that relate to early academic success. It is individually administered in 20 to 40 minutes and is easy to score. The Learning Readiness Equivalency Age score may be used to identify children at risk for school failure. The test can help identify instructional objectives and develop Individualized Education Programs (IEPs). It includes the Classroom Summary Form and the Report on Readiness, a summary of performance and practical suggestions for parents. It was standardized on a national sample of more than 1,000 children.

Decoding-Encoding Screener for Dyslexia (DESD)
by John R. Griffin, O.D., M.S.Ed., Howard N. Walton, O.D., M.S., and Garth N. Christenson, O.D., M.S.Ed.

Benefit:	Quickly assess a student's specific reading difficulties
Ages / Grade:	1st through 8th grades
Administration Time:	5 to 10 minutes
Format:	Individually administered tasks

The Decoding-Encoding Screener for Dyslexia (DESD) is a screening test that allows you to assess a student's specific reading difficulties in less than 10 minutes. The DESD consists of three sections: Decoding, Encoding, and Letter Writing. The Decoding section provides a norm-referenced measure of sight-word recognition (Reading Standard Score). Additionally, qualitative indicators in the Encoding section allow you to distinguish deficits in sight-word recognition from deficits in phonetic analysis. The test identifies the specific skills that a child brings to bear on the task of reading words. This information makes it easier to detect and describe reading problems and to refer students for appropriate educational therapy.

The DESD allows identification of children who are at risk for dyslexia, so they can be referred without delay to special services. The early screening and intervention made possible by the DESD vastly improves the effectiveness of educational therapy and helps minimize the secondary emotional problems dyslexia can create. Standardized on a sample of 678 students in grades 1 through 8, the DESD can be administered and scored in 5 to 10 minutes.

Decoding Skills Test (DST)

by Ellis Richardson, Ph.D. and Barbara DiBenedetto

Purpose:	Provides a diagnostic profile of decoding skills essential to reading comprehension
Ages / Grade:	Children who read at 1st- through 5th-grade levels
Administration Time	15 to 30 minutes
Format:	Three subtests: Basal Vocabulary, Phonic Patterns, and Contextual Decoding
Scores	Criterion-referenced scores that relate directly to the reading curriculum

The *Decoding Skills Test* (DST) helps you diagnose and treat specific reading disabilities, including dyslexia. It gives you a clear picture of the processes involved in reading and shows you the particular area in which an individual needs help.

Three Subtests

   Designed for children who are reading at first- through fifth-grade levels, the DST provides a diagnostic profile of the decoding skills that are essential to reading comprehension.

- **Subtest I, Basal Vocabulary,** measures the ability to recognize words taught in most basal reading programs.

- **Subtest II, Phonic Patterns,** assesses the ability to decode words using letter-sound correspondence. The examinees response to both real and nonsense words shows you how well he or she can apply known phonic patterns to decode unknown words.

- **Subtest III, Contextual Decoding,** presents story passages that correspond to first- through fifth-grade reading levels. It assesses the effect of context on decoding skills. And it measures comprehension, reading rate, and error rate.

A Detailed Diagnostic Profile

Individually administered in 15 to 30 minutes, the DST provides criterion-referenced scores that relate directly to the reading curriculum. These scores give you a variety of useful information, including:

- Reading achievement level

- Frustration level

- Phonic pattern knowledge

- Phonic decoding deficiencies

- The effect of context on the child's word recognition and decoding skills

- Oral fluency at various reading levels

- Oral reading errors

Clear Guidelines for Remediation

While the DST can be used for screening, it is primarily diagnostic and prescriptive. The test is especially useful with students already known to have reading difficulties, including dyslexia. Because it detects specific aspects of the reading problem, the DST provides clear treatment guidelines. It helps you form reading groups, make program decisions, and determine appropriate remediation.

Developed under contract with the National Institutes of Health, the DST allows you to identify and treat reading problems--early and accurately.

Developmental Assessment of Young Children (DAYC)
by Judith K. Voress and Taddy Maddox

Use the DAYC to identify developmental delays or deficits in children (from birth through 5 years, 11 months) who may benefit from early intervention. The DAYC comprises five subtests that measure the assessment areas mandated by IDEA:

Cognition	Social-Emotional Development
Attention	Social Interactions
Memory	
Purposive Planning	Adaptive Behavior
Decision Making	Self-Help Skills

Discrimination

Physical Development

Communication   Gross and Fine Motor

  Receptive and Expressive Language   Development

  Verbal or Nonverbal Expression

   Because you can assess any combination of the five domains, the test can be tailored to the particular child's needs. Subtests can be individually administered, separately or as a comprehensive battery, in approximately 10-20 minutes. The test format allows you to collect information about a child's abilities through observation, caregiver interview, and direct assessment.

   Normed on a national sample of 1,269 children, the test yields standard scores, percentile ranks and age equivalents.

   The DAYC is an invaluable tool that provides clinicians with a base from which to monitor change and evaluate a child's progress in special early childhood settings.

Developmental Observation Checklist System (DOCS)

DOCS is a three-part inventory/checklist system for the assessment of very young children with respect to general development (DC), adjustment behavior (ABC), and parent stress and support (PSSC). The DC component measures the areas of language, motor, social, and cognitive development. The test is suitable for ages birth through 6, meets the mandates of P.L. 99-457, and can be completed by parents or caregivers. DOCS was normed on more than 1,400 children ages birth through 6 from more than 30 states. Characteristics of the normative group approximate those for the 1990 Census data relative to gender, geographic region, race/ethnicity, and urban/rural residence. Internal consistency reliability scores approximate .90 for all ages.

Construct validity is supported through correlations with age and group differentiation relating test items to total test scores, component intercorrelations, and cognitive aptitude. Delta values attest to the nondiscriminatory basis of the items with respect to gender and race. Substantial content validity and criterion-related validity is offered. Family involvement, as mandated by P.L. 99-457, is addressed by the parent-report nature of the DOCS questionnaire. Primary caregivers other than parents also may complete the DC Profile/Record Form if their responses are based on careful observation of the child's daily behaviors. DOCS provides quotients, NCE scores, age equivalents, and percentiles.

Developmental Profile 3 (DP-3)
by Gerald D. Alpern, Ph.D.

Purpose: Allows you to quickly screen a child for developmental delays in five key areas

Ages / Grade: Birth through 12 years, 11 months

Administration Time: 20 to 40 minutes

Format: Interview or Parent/Caregiver Checklist

Norms: Standardized on a nationally representative sample of 2,216 individuals

Scores: Norm-based standard scores, percentiles, stanines, age equivalents, and descriptive ranges

This fully revised third edition of the Developmental Profile strengthens and updates an instrument already considered the best of its kind. Like previous versions, the DP-3 evaluates children's functioning in five key areas, in just 20 to 40 minutes. However, this edition adds norm-based standard scores, an expanded age range, updated item content, clearer interpretive guidelines, a nationally representative standardization sample, new empirical studies demonstrating its reliability and validity, and unlimited computer scoring and interpretation.

Comprehensive Yet Quick
Designed to evaluate children from birth through age 12 years, 11 months, the DP-3 includes 180 items, each describing a particular skill. The respondent simply indicates whether or not the child has mastered the skill in question.

The DP-3 provides a General Development score as well as the following scale scores:

- Physical
  Large- and small-muscle coordination, strength, stamina, flexibility, and sequential motor skills

- Adaptive Behavior
  Ability to cope independently with the environment--to eat, dress, work, use modern technology, and take care of self and others

- Social-Emotional
  Interpersonal abilities, social and emotional understanding, functional performance in social situations, and manner in which the child relates to friends, relatives, and adults

- Cognitive
  Intellectual abilities and skills prerequisite to academic achievement

- Communication
  Expressive and receptive communication skills, including written, spoken, and gestural language

Within each scale, basals and ceilings are used, so you don't have to administer all 180 items. And because each scale has its own norms, you don't have to use all five scales if you're interested in just one.

Ideal for Routine Screening or Focused Assessment
Because the DP-3 is comprehensive yet quick and cost-effective, it makes routine screening feasible. You can administer the test to large groups of children knowing that it will alert you to any significant problems that may be present.

Or you can use the DP-3 when you have a specific question about a particular child. It's an effective way to investigate puzzling behavior, respond to parental concerns, or follow up on teacher observations. The test can lead to answers even when you have only a hunch that the child may have a problem.

A Convenient New Administration Option
While a parent interview is the preferred method of administration, the DP-3 offers an alternative that's useful when a face-to-face meeting is not possible. The Parent/Caregiver Checklist contains the same item content as the Interview Form (though language has been altered slightly). Written at a sixth-grade reading level, the Checklist can be completed, without your supervision, by the child's parent or other caregiver who is knowledgeable about the child's functioning.

Five Score Formats
DP-3 scores are available in five formats: standard scores, percentile ranks, stanines, age equivalents, and descriptive ranges. This gives you flexibility in using, reporting, and explaining test results. For example, you might choose standard scores for eligibility determination or progress monitoring; age equivalents for parent conferences; and stanines or percentiles for school records. Norms are based on a sample of 2,216 typically developing children representative of the U.S. population in regard to ethnicity, geography, and socioeconomic status.

Unlimited Computer Scoring and Interpretation
Provided on an unlimited-use CD, the DP-3 computer program saves time, reduces the chance of error, and provides bothscoring and interpretation. It gives you highly useful reports, including the following features:

- Graphical Representation of Scores
  You can easily spot advanced or delayed development across the five scales and the General Development score.

- Scale Pattern Analysis and Scale-by-Scale Item Analysis
  These calculations--which are difficult or impossible in hand scoring--reveal statistical significance in the pattern of strengths and weaknesses and pinpoint skills not mastered that fall below the child's ability level on each scale.

- Individualized Intervention Activities
  For each scale, the program suggests teaching activities that address the child's specific weaknesses.

- Clinician and Parent Reports
  The CD generates a thorough clinical report for professionals and an easy-to-understand summary for parents. Both can be easily customized.

IDEA Compliance
Because the DP-3 meets federal criteria for evaluating children with developmental problems, it's useful in helping determine eligibility for special education, planning IEPs, and implementing periodic screening programs. Its five scales correspond to the five domains specified in IDEA for assessing developmental delays. In addition, the DP-3's interview format and provision of a parent report satisfy the federal requirement that parents be involved in their child's assessment.

The DP-3 is an excellent way to identify developmental strengths and weaknesses early in a child's life. Its norm-based standard scores allow you to compare children's functioning with that of their peers, design interventions that meet their particular needs, and monitor their progress over time.

Developmental Tasks for Kindergarten Readiness—II (DTKR-II)

Assessment of Prekindergarten Children to Determine Kindergarten Readiness

Ages: 4-6 through 6-2
Testing Time: 20 to 30 minutes
Administration: Individual

The Developmental Tasks for Kindergarten Readiness-II(DTKR-II) provides objective data on a child's skills and abilities as they relate to successful performance in kindergarten. It is used for both screening and diagnostic-prescriptive purposes.

The results can be used by school personnel to plan remedial instructional programs and/or to make adjustments in the kindergarten curriculum when the child enters school. Raw scores are converted to standard scores. A composite quotient and factor scores are also available.

The DTKR-II is a restandardized, updated version of the DTKR. New to the second edition are scaled scores (mean of 10, standard deviation of 3) for subtests and three factors, and a composite score with a mean of 100 and a standard deviation of 15. The DTKR-II was normed on 2,521 prekindergarten children (1,273 males and 1,248 females).

Reliability was determined using internal consistency, interrater agreement, and test-retest reliability. Test-retest reliability ranges from .82 to .97. The composite score reliability is .93. Predictive validity data are available in the manual. The DTKR-II can be individually administered in about 20 to 30 minutes.

Gifted Rating Scales (GRS)

Author(s): Steven Pfeiffer, Ph.D. and Tania Jarosewich, Ph.D.

Designed to help identify children for placement in gifted and talented educational programs.

The Gifted Rating Scales are norm-referenced rating scales based on current theories of giftedness and federal and state guidelines regarding the definition of gifted and talented students. Pre-school and Kindergarten teachers complete the Pre-School/Kindergarten GRS-P form for children between the ages of 4:0 and 6:11 years. This form of GRS–P contains brief scales covering five domains: intellectual, academic readiness, motivation, creativity and artistic talent. Teachers complete six brief scales on the School-Age GRS–S form to evaluate children between the ages of 6:0 through 13:11 years who are in grades 1 - 8. The six domains include: intellectual, academic, motivation, creativity, leadership and artistic talent.

Features and Benefits

- GRS–P (4:0-6:11) validity studies have been conducted linking it to the Wechsler Preschool and Primary Scale of Intelligence™ —Third Edition (WPPSI™–III) and measures of potential in other domains.

- GRS–S (6:0-13:11) validity studies have been conducted linking it to the Wechsler Intelligence Scale for Children®—Third Edition (WISC®–III), and the Wechsler Individual Achievement Test®—Second Edition (WIAT®–II) and measures in other domains.

- Both forms of the GRS provides a standardized method for identifying children for gifted and talented programs based on teacher observations.

- Both forms of the GRS allows for identification of relative strengths and specific areas of giftedness.

- Both forms of the GRS provides specific behavioral guidelines for identification of giftedness within each domain.

- Teachers can complete both forms of the GRS easily and quickly.

Gilliam Asperger's Disorder Scale (GADS)
by James E. Gilliam

The GADS is a norm-referenced assessment designed to evaluate individuals with unique behavior problems who may have Asperger's Disorder. Completed by a parent or professional--at school or at home--in just 5 to 10 minutes, the GADS is effective at discriminating persons with Asperger's Disorder from persons with autism and other behavioral disorders. Appropriate for individuals aged 3 to 22, the instrument provides the documentation about the essential behavior characteristics of Asperger's Disorder necessary for diagnosis.

The 32 clearly stated items describe specific, observable, and measurable behaviors and are divided into four subscales:

- Social Interaction

- Restricted Patterns of Behavior

- Cognitive Patterns

- Pragmatic Skills

Additionally, an 8-item Parent Interview Form is provided to evaluate developmental delays.

Normed on 371 representative subjects with Asperger's Disorder, the GADS can also be used to monitor the effectiveness of special intervention programs, to target goals for IEPs, and for research purposes.

Gilliam Autism Rating Scale: Second Edition (GARS-2)
by James E. Gilliam

This revision of the popular Gilliam Autism Rating Scale is a norm-referenced instrument that assists teachers, parents, and clinicians in identifying and diagnosing autism in individuals aged 3 through 22 and in estimating the severity of the disorder. Using objective, frequency-based ratings, the GARS-2 can be individually administered in 5 to 10 minutes. The assessment consists of 42 clearly stated items describing the characteristic behaviors of persons with autism. The items are grouped into three subscales:

- Stereotyped Behaviors

- Communication

- Social Interaction

New to the second edition is a structured interview form for gathering diagnostically important information from the child's parents that replaces the Early Development subscale found in the original test. Additionally, a separate chapter is included in the test manual that provides multiple discreet target behaviors for each item on the GARS-2. The discreet behaviors are operationally defined and specific examples are given for research purposes.

The GARS-2 was normed on a representative sample of 1,107 persons with autism from 48 states within the United States. Demographic characteristics of the normative sample are keyed to the 2000 U.S. Census data. The GARS-2 has strong psychometric characteristics that were confirmed through studies of the test's reliability and validity.

A separate booklet, Instructional Objectives for Children Who Have Autism, is included in the test kit and sold separately to assist in the formulation of instructional goals and objectives based on the results from the GARS-2 assessment. In this way, instruction can be directly related to assessment results from the GARS-2.

The new unlimited-use GARS-2 Software Scoring and Report System instantly completes all statistical analyses and presents an easy-to-interpret report that includes a graphical presentation of the data. In addition, the program automatically adds GARS-2 Instructional Objectives to the report based on the child's areas of need.

Gray Oral Reading Tests--Fourth Edition (GORT-4)

by J. Lee Wiederholt and Brian R. Bryant

The GORT-4 provides an objective measure of growth in oral reading and helps diagnose oral reading difficulties. This version features updated and expanded norms, new reliability and validity data, and studies showing absence of gender and ethnic bias. In addition, a new, easier reading passage was added.

The GORT-4 includes two equivalent forms (A and B), that can be used interchangeably. This allows the examiner to study an individual's oral reading progress over time. Both forms contain 14 developmentally sequenced passages, each followed by 5 comprehension questions. The test provides scores for Rate, Accuracy, Fluency, and Comprehension. These are reported as standard scores, percentile ranks, and grade equivalents. The Fluency and Comprehension scores are combined to obtain an Oral Reading Quotient.

The GORT-4 is appropriate for students from 6-0 through 18-11 years of age. The standardization sample includes more than 1,600 typical students from various geographic, ethnic, linguistic, and socioeconomic backgrounds.

Administration time varies from 20 to 30 minutes. The examiner records the student's reading rate, deviations from the printed passages, and miscues. The Manual provides clear scoring guidelines and a system for analyzing miscues in four areas: Meaning Similarity, Function Similarity, Graphic/Phonemic Similarity, and Self-Correction.

The GORT-4 is widely used to identify students who are significantly below their peers in oral reading proficiency, to determine reading strengths and weaknesses of individual students, and to document reading progress as a consequence of intervention.

Learning Disabilities Diagnostic Inventory

Donald D. Hammill, Ed.D.
Brian R. Bryant, Ph.D.

Description

The LDDI inventory helps professionals identify learning disabilities in children ages 8 to 17, and reveals the extent to which skill patterns in a particular area (e.g., reading or writing) are consistent with those of individuals known to have a learning disability in that area (e.g., dyslexia or dysgraphia). The LDDI can be completed in 10 minutes by a teacher or speech-language pathologist who is familiar with the student's skills.

The LDDI inventory is composed of six independent scales, each with 15 easy-to-rate items. Stanines are used to identify the likelihood of intrinsic processing disorders in the six areas—Listening, Speaking, Reading, Writing, Mathematics, Reasoning—as well as to conduct a profile analysis to determine the extent to which a student's LDDI profile reflects that which is associated with learning disabilities. The inventory was normed on 2,152 students with learning disabilities and reports scores in stanines and percentiles.

Scales & Forms

- Listening

- Speaking

- Reading

- Writing

- Mathematics

- Reasoning

Leiter International Performance Scale—Third Edition (Leiter-3)

Gale H. Roid, PhD, Lucy J. Miller, PhD, Mark Pomplun, PhD, and Chris Koch, PhD

Purpose:	Measure intelligence and cognitive abilities
Age range:	3 to 75 years
Admin:	Individual
Admin time:	20-45 minutes

Easily administered and scored, the Leiter-3 is a totally nonverbal test of intelligence and cognitive abilities.

Updated and revised
- Retains the best of the widely used Leiter-R subtests and includes a number of new measures.

- Uses a refined block-and-frame format and plus foam manipulatives for easier manipulation by all examinees.

- Features increased overall efficiency and utility; Leiter-R subtests were combined and items with similar difficulty levels were removed, reducing the number of subtests from 20 to 10.

- A neuropsychological subtest (Nonverbal Stroop Test) has been added; the Attention-Divided subtest is all new and features greater reliability and ease of use.

Features and benefits
- Evaluates nonverbal cognitive, attentional, and neuropsychological abilities, and targets "typical" as well as "atypical" children, adolescents, and now adults.

- Engaging, nonverbal format makes it ideal for use with individuals with autism and speech/language disorders, as well as those who do not speak English.

- Provides an IQ score, as well as percentile and age-equivalent scores for each subtest. Growth scores are provided for all domains.

- Easy, game-like administration holds examinees' interest throughout the test.

Test structure

- Provides individual subtest scores and numerous composite scores that measure intelligence and discrete ability areas. These scores identify strengths and weaknesses in individual skills and skill sets.

- Includes Cognitive scales that, unlike those in other IQ tests, emphasize fluid intelligence, the truest measure of an individual's innate cognitive abilities. This makes the Leiter-3 more accurate and fair, since IQ is not significantly influenced by the individual's educational, social and family experience.

- Attention and Memory subtests enhance interpretation of the global IQ score by providing valuable diagnostic indicators regarding the Cognitive scores. They also distinguish individuals with ADHD, LD, or neuropsychological impairments from typically-functioning individuals.

- The Social-Emotional Examiner Rating Scale gathers information about the individual's attention, organization skills, impulse control, activity level, anxiety, energy and feelings, mood regulation, sociability, and sensory reactivity.

Technical information

- Psychometric studies show the Leiter-3 to have exceptional fairness for all cultural and ethnic backgrounds.

- Normative sample included more than 1,600 individuals representative of the most current general population in terms of ethnicity/race, gender and age and diverse in terms of parent/self-education level and geographical region.

- Features enhanced data on difficult-to-assess clinical groups, including ADHD, autism, severe cognitive delay, ESL, gifted/talented, severe hearing impairment, LD, severe motor delay, and severe speech/language impairment.

Miller Assessment for Preschoolers (MAP)
by Lucy J. Miller

This short but comprehensive preschool assessment instrument helps you evaluate young children for mild to moderate developmental delays. Items are objective and easy to administer, and they give you a broad overview of a child's developmental status relative to other children the same age. A color-coded Record Form clearly shows age-appropriate performance for each item.

Designed for children from 2.9 through 5.8 years of age, MAP provides a separate form for each of six age levels. All forms evaluate five areas of performance, yielding the following Index Scores:

Foundations Index

Assesses abilities involving basic motor tasks and the awareness of sensations.

Coordination Index

Assesses complex gross, fine, and oral motor abilities.

Verbal Index

Focuses on memory, sequencing, comprehension, association, and expression in a verbal context.

Nonverbal Index

Examines memory, sequencing, visualization, and the performance of mental manipulations not requiring spoken language.

Complex Tasks Index

Measures sensorimotor abilities in conjunction with cognitive abilities that require interpretation of visuospatial information.

Administered in 30 to 40 minutes, the test presents scores as percentile ranks. Test development was based on research involving more than 4,000 children and 800 items to insure a comprehensive determination of developmental status.

Merrill-Palmer-Revised (M-P-R)
Scales of Development
by Gale H. Roid, Ph.D., and Jackie L. Sampers, Ph.D.

Revised and expanded, this edition of the Merrill-Palmer Scales of Development retains the kind of engaging "hands-on" activities that made previous versions of the test so popular with early childhood assessment specialists. These toy-based activities hold the interest of even very young or distractible children, allowing you to do a comprehensive developmental evaluation in just 45 minutes.

Appropriate for children from 1 month to 6 1/2 years of age, the M-P-R assesses all IDEA-specified domains:

- Cognitive Development

- Language/Communication

- Motor Development

- Social-Emotional Behavior

- Self-Help/Adaptive Behavior

These domains are assessed through performance tasks and activities as well as parent and examiner rating scales. For each domain, the M-P-R provides standard scores, percentiles, age equivalents, and "growth scores" that reflect even small incremental changes. When these scores are plotted on the M-P-R Growth Score Profile, it's easy to spot the child's specific deficits. Norms are based on a nationally representative sample of more than 1,000 children. A training DVD offers administration and scoring instructions plus interpretive guidance.

M-P-R results can be used to:

- Identify developmental delays early in a child's life

- Monitor premature infants, using the highly sensitive Growth Scores

- Measure incremental improvement in children up to 6 1/2 years

- Assess youngsters with hearing impairments, autism, or limited language skills

- Provide the kind of comprehensive assessment required by IDEA for Family Service Plans and Individual Education Plans (IEPs)

The M-P-R comes in a convenient, portable travel case with wheels. All toys and manipulatives are "choke-safe."

Oral and Written Language Scales, Second Edition (OWLS-II)

by Elizabeth Carrow-Woolfolk, Ph.D.

Building on the strong theory and research underpinning the original OWLS, the Second Edition of this highly regarded test offers an integrated, global approach to language assessment. The OWLS-II adds a Reading Comprehension Scale, updated norms, new items, a parallel form, improved scoring guidelines, and full-color stimulus materials. Moreover, a helpful new handbook, Foundations of Language Assessment, explains the theory upon which the OWLS-II is based, making it easier to understand the test and interpret results.

Measuring four language processes--separately and in relation to one another--this Second Edition gives you the most complete, accurate, and useful picture of language skills currently available.

More Than the Sum of its Parts

The OWLS-II evaluates four language processes on four separate scales: Listening Comprehension, Oral Expression, Reading Comprehension, and Written Expression. Each of these scales assesses four linguistic structures:

- Lexical/Semantic

- Syntactic

- Pragmatic

- Supralinguistic

Because it looks at the same linguistic structures across four distinct language processes, the OWLS-II provides an unusually detailed, coherent, and integrated assessment. Although its four scales can be used separately, together they give you a comprehensive score profile that pinpoints language delays, identifies strengths and weaknesses in all areas, and guides intervention.

Listening Comprehension and Oral Expression Scales
Together these two scales assess receptive and expressive language in 3- through 21-year-olds. Individually administered, both use basals and ceilings to ensure that examinees are given only items that closely approximate their ability levels. Neither scale requires reading on the examinee's part, and both scales feature colorful, updated artwork that's balanced in terms of race, gender, and physical differences.

The Listening Comprehension Scale uses a convenient easel to measure receptive language. The examiner reads a stimulus word or phrase aloud, and the student responds by indicating one of four pictures that best depicts the meaning of the word. Correct responses are printed on the examiner's side of the easel and on the Record Form--permitting easy, on-the-spot scoring.

The Oral Expression Scale, with its own handy easel, measures expressive language, requiring the examinee to answer questions, finish sentences, and generate sentences in response to visual and oral prompts. To simplify scoring, common responses (correct and incorrect) are printed on the Record Form. In addition, alternate acceptable responses are now provided to accommodate students who speak African-American English.

Reading Comprehension and Written Expression Scales

The OWLS-II assesses written language on two scales, Reading Comprehension and Written Expression, both for ages 5 to 21.

New to the Second Edition, the Reading Comprehension Scale measures the receptive aspects of written language. Because it is based on the same theory and structure as the other OWLS-II scales, it is uniquely effective in identifying language factors that may be impairing or facilitating reading comprehension. It measures the same linguistic structures as the other scales, as well as text structure. Items typically require the student to read a prompt and choose one of four response options. Again, correct responses are conveniently listed on the Record Form and the examiner's side of the easel.

The Written Expression Scale, which measures the expressive aspects of written language, has been significantly improved in the OWLS-II. Item additions and revisions enhance the scale's validity and scope, as well as its ability to elicit a variety of responses and assess higher-functioning individuals. In addition, scoring guidelines are now more explicit and provide more detailed results.

This scale uses age-based item sets, rather than basals and ceilings, to ensure that only developmentally appropriate items are administered. Each set includes 14 to 18 items that involve writing tasks similar to those students might encounter in the classroom. Some tasks are open-ended, asking the examinee to complete a story or write a paragraph, for example. Others are structured, requiring the student to fill in blanks or write a dictated sentence. Together, these writing tasks measure the four linguistic structures assessed by the other OWLS-II scales, as well as conventions (spelling, punctuation/capitalization, letter formation) and text structure (organization, details, cohesion).

The examiner presents oral, written, and pictorial prompts, and examinees write their answers in a Response Booklet. The Record Form provides brief scoring rules for easy reference, and the Manual supplies detailed instructions and examples, as well as guidelines for a qualitative rating of select items. Each Record Form includes item analysis worksheets, allowing quick and qualitative evaluation of strengths and weaknesses.

A New Parallel Form

The Second Edition introduces a parallel form that allows you to retest students on all scales after a brief interval. Form B, which can be used with examinees ages 5 and up, makes it easier to monitor language development over time.

Scores in Several Useful Formats

All four scales provide age- and grade-based standard scores, test-age equivalents, grade equivalents, percentile ranks, and descriptive labels (Exceptional, Above Average, Average, Below Average, or Possibly Disordered). Scale scores can be combined to produce five Composites: Oral Language, Written Language, Receptive Language, Expressive Processing, and Overall Language.

The OWLS-II Profile Form--included in Comprehensive Kits and available as a free download--gives you a clear, graphic representation of the examinee's performance in each area. In addition, the form notes the linguistic structure measured by each item. You can quickly compare the student's ability across scales, linguistic categories, and even items.

All OWLS-II scales are normed on the same sample of 2,123 subjects, from 3 through 21 years of age and nationally representative in terms of gender, ethnicity, geographic region, and parental education. Age-stratified norms are provided at 3-month intervals for ages 3 to 7, at 6-month intervals for ages 8 to 12, at 1-year intervals for ages 13 to 15, and at multi-year intervals for ages 16 and up.

Optional Computer Scoring and Interpretation

The OWLS-II scoring program converts raw scores to scale scores, compares scales scores, calculates composites, and generates a graphic score profile. It also provides high-level item analysis and a narrative synopsis. This program saves time and gives you an extremely useful summary of test results.

Clinical, School, and Research Applications

Because its four scales measures both receptive and expressive oral and written language structures, cover a wide age range, and are co-normed, the OWLS-II is an excellent way to:

- Identify students with learning disabilities, language disorders, and related difficulties in accordance with IDEA requirements

- Design targeted interventions that address potential academic difficulties

- Monitor progress, using the new parallel form

- Gather longitudinal data for research purposes

Comprehensive, easy to administer, linked to classroom instruction, and rooted in an integrated theory of language, the OWLS-II provides the information you need to identify and remediate oral and written language problems.

PCA: Profile of Creative Abilities

Ages: 5-0 to 14-11
Testing Time: 30 to 40 minutes
Administration: Individual or Small Group

The Profile of Creative Abilities (PCA) is a measure of creative ability. It is specifically designed to (1) identify students gifted in the area creative thinking, (2) monitor progress in classes of creative thinking, and (3) serve as a research tool. It was normed on a sample of 640 individuals in 11 states: Colorado, Connecticut, Indiana, Massachusetts, Maine, Missouri, New York, Oregon, Texas, Virginia, and Wisconsin. This reliable test is efficient and cost-effective. It takes under an hour (approximately 30-40 minutes) to administer. Students between the ages of 5-0 and 14-11 may be tested either individually or in small groups.

Models of Creativity
PCA is based on two models of creativity. The first is based on J.P. Guildford's (1959) Structure of Intellect (SOI), consisting of an organized set of abilities used to process information. The SOI model includes three dimensions, which determine different types of intellectual abilities: operation, content, and product. Guilford believed there exists six major groups of core creative abilities, necessary for one's creative endeavors:

Sensitivity to Problems — Ability to be aware of the need for change or see defects and deficiencies that need to be addressed.

Fluency — Ability to produce a large number of ideas.

Flexibility — Ability to change set.

Originality — Ability to develop uncommon, yet acceptable solutions to ideas.

Redefinition — Ability to transform an existing object or idea into one with a different design, function, or use.

Penetration — Ability to see more than what is on the surface.

The second is based on T.M. Amabile's (1996) Componential Model of Creativity, focusing on the social and environmental factors. This model consists of three basic components that are important in creativity.

Domain-Relevant Skills — Includes competencies and talents that are applicable to the domain in which an individual is working.

Creativity-Relevant Processes — Refers to the cognitive style, knowledge of heuristic, and work style that support and nurture creativity.

Intrinsic-Task Motivation — Suggests that individuals will be most creative when they are motivated primarily by interest, employment, satisfaction, and challenge.

Subtests
The PCA consists of two subtests, each measuring two aspects of divergent production.

Drawing — Although this subtest is un-timed, students are encouraged to complete it in 30 minutes or less. It is composed of 10 stimuli. The child is to use each stimulus to make or draw an original, detailed picture. It is scored based on four of the SOI's six hypothesized creative abilities: sensitivity to problems, originality, redefinition, and penetration. Sensitivity to problems is operationalized as the number of new elements added to the pictures created by the child for each stimulus. Originality is a unique picture as compared to the normative sample. Redefinition is operationalized as orientation in which the child transforms the picture through location or position. Penetration is operationalized as perspective illustrating that the child can see more than just what is on the surface.

Categories — In this subtest, students are to complete each form in 3 minutes, naming as many categories as possible. Composed of two 4 by 5 matrices of 20 animal pictures and figures, the child is to form groups of at least 3 pictures or figures and tell the examiners how they are grouped. It is scored based on two of the SOI's six hypothesized creative abilities: fluency and flexibility. Fluency is the number of responses made by the student. Flexibility is the number of categories into which the student groups the pictures or figures.

Rating Scale
The 36-item rating scale measures creative abilities, domain-relevant skills, creativity-relevant processes, and intrinsic task motivation. Each item is scored using a 4-point Likert scale based on the degree to which the child exhibits each behavior described in the item. The rating scale can be completed by an educator (School Rating Scale) or by a parent/guardian (Home Rating Scale).

Psychoeducational Profile: Third Edition (PEP-3)

by Eric Schopler, Ph.D., Margaret D. Lansing, Robert J. Reichler, M.D., and Lee M. Marcus

The third edition of this popular test allows you to assess the skills and behaviors of children with autism and communicative disabilities with a developmental age between 6 months and 7 years. The profile resulting from the PEP-3 graphically charts uneven and idiosyncratic development, emerging skills, and autistic behavioral characteristics. Individually administered in 45 to 90 minutes the PEP-3 meets the need for an assessment tool to assist in the educational programming for young children (ages 3 through 5) with disabilities and is particularly useful in planning for older students' Individualized Education Programs (IEPs).

The function domains for the PEP-3 have been revised to reflect current research and clinical concerns, especially in the area of social and communication functions. The test yields 3 composite scores (Communication, Motor, and Maladaptive Behaviors) and features 10 Performance Subtests:

- Cognitive Verbal/Preverbal

- Expressive Language

- Receptive Language

- Fine Motor

- Gross Motor

- Visual-Motor Imitation

- Affective Expression

- Social Reciprocity

- Characteristic Motor Behaviors

- Characteristic Verbal Behaviors

The PEP-3 now includes a Caregiver Report that asks the parent or caregiver to estimate the child's developmental level compared with typical children. The report consists of three subtests: Problem Behaviors, Personal Self-Care, and Adaptive Behavior. This form has been shown to help orient teachers to a student's developmental inconsistencies and provides professionals with information needed for thorough and complete planning.

In addition, the PEP-3 is helpful in identifying special learning strengths and teachable skills. The Object Kit now includes all toys and materials needed to administer the test except for food, drink, and a light switch. Also, the latest edition features normative data both from a group of children in the autism spectrum as well as from a comparison group of children without autism. Normative data were collected from 2002 to 2003, with large national samples of children in the autism spectrum and of typical children ranging from 2 to 71/2 years of age.

New PEP-3 software handles all scoring, statistical analyses, graphing, charting, and report generation-- saving significant time. The narrative report explains the results and offers recommendations in terms that parents can understand.

The School Readiness Test (SRT) is an effective tool for determining the readiness of each student for first grade.

Authors:	O. F. Anderhalter, Ph.D. Jan Perney, Ed.D.
Level:	End of kindergarten or before the third full week of grade one.
Working Time:	Approximately 1 hour, 20 minutes

Test Description

The seven SRT subtests are:

- Vocabulary
- Identifying Letters
- Visual Discrimination
- Phonemic Awareness

- Comprehension and Interpretation
- Mathematical Knowledge
- Developmental Spelling Ability
- Optional—Handwriting Assessment

A hand-scored group test, the SRT is administered by a classroom teacher at the end of kindergarten or before the third full week of first grade. Each student will be evaluated by seven subtests, with an optional handwriting assessment, which total one hour and twenty minutes of testing time. It allows a teacher to learn as much as possible about every entering student's abilities—and about any factors that might interfere with his or her learning.

SRT levels of readiness are related to national percentiles and stanines. SRT's Class Record Sheet and the new Class Summary Report are used to record information about individual and group performance on each subtest and on the entire test. This information can be used for diagnostic assistance.

After the scores for the seven subtests are determined (the optional Handwriting Assessment is not included in the Total Readiness Score), they are added together to get a total score. The total score is then matched to one of the six levels of readiness.

SAGES-2: Screening Assessment for Gifted Elementary and Middle School Students – Second Edition

The SAGES-2 is helpful in identifying gifted students in kindergarten through eighth grade. Its three subtests sample aspects of two of the most commonly used areas for identifying gifted students: aptitude and achievement. Aptitude is measured via the Reasoning subtest: The student is asked to solve analogical problems by identifying relationships among pictures and figures. The other two subtests assess achievement. On one of these subtests the child answers questions about language arts and social studies, and on the other, about mathematics and science. The student selects answers from a series of pictures, symbols, or words. The subtests can be used to examine the relationships between aptitude and achievement. The SAGES-2 can be used with students ranging in age from 5-0 to 14-11. Although they are untimed, each subtest requires approximately 20 minutes to administer. All of the SAGES-2 subtests can be administered in small groups or individually.

The SAGES-2 was normed on two large samples tested in 1998 and 1999. Sample One (normal sample) consisted of 3,023 students who were in heterogeneous classrooms, and Sample Two (gifted sample) consisted of 2,290 students who were identified as gifted by their local school districts. The demographic characteristics of both samples were matched to those of the United States according to the 1997 census. The normal normative sample was stratified on the basis of age, gender, race, ethnic group membership, and geographic location. Standard scores and percentile ranks are provided for both samples.

Several important improvements to the technical characteristics of the initial SAGES were made. First, testretest studies were added. Second, each item on the test was evaluated using both classical item analyses and item response theories to choose "good" statistical items. Third, differential item functioning analyses were performed on three dichotomous groups in order to find and eliminate adversely biased items. Finally, several new validity studies were conducted with special attention devoted to demonstrating that the test proves valid for a wide variety of subgroups as well as for a general population.

The reliability coefficients for the test are high, ranging from .77 to .95. Ninety-seven percent of these reach or exceed .80, and seventy-four percent reach or exceed .90. Testretest studies show that the SAGES-2 is stable over time.

The potential bias of every item on the test on the basis of gender and ethnic group was studied. In all, 44 items were eliminated from the final version.

Extensive validity data are reported as well, documenting the test's relationship to the WISC-III, OLSAT, Stanford Achievement Test, and Gifted and Talented Evaluation Scale, and its efficiency in discriminating groups appropriately. The SAGES-2 was built to identify students as gifted. We found that at most raw score values, the gifted sample scored 1 standard deviation higher than the normal sample. In addition, the test clearly measures high-ability children with less error.

SRI-2: Standardized Reading Inventory – Second Edition

Ages: 6 through 14
Testing Time: 30 to 90 minutes
Administration: Individual

The Standardized Reading Inventory-Second Edition (SRI-2) differs from the first edition in important ways. In addition to being criterion-referenced, the instrument is now norm-referenced. Also, the subtests include a measure of vocabulary proficiency and a supplemental measure of predictive comprehension.

Designed like an informal reading inventory, each of the two forms consists of 10 graded passages, ranging from the lowest reading level (preprimer) to the highest level (eighth grade). Each passage incorporates key words extracted from five popular basal reading series to form a new word list for primary, intermediate, and advanced readers.

On each passage, oral and silent reading are assessed before students answer a series of comprehension questions. Scores in word recognition and comprehension on each passage reveal a student's level of reading competence (i.e., independent--where reading is done for pleasure; instructional--where teaching is required; and frustration--where the material is too difficult to read).

The SRI-2 includes a two-alternate-form Vocabulary in Context subtest, and two-alternate-form reading passages. The reading passages are scored for oral reading accuracy, comprehension, and predictive comprehension. The student reads the passages orally first, then silently. After the silent reading, the comprehension questions are read by the examiner.

Vocabulary in Context may be administered to groups of students to screen for reading problems, as well as to identify students' entry level for passage reading. If desired, a set of predictive comprehension questions may be administered at this point.

The test was normed on 1,099 children residing in 28 states. The demographics of the sample were stratified using figures reported in the 1997 U.S. Census. Reliability coefficients are high at all age intervals. The averaged r ranged from .88 to .97. Criterion-referenced validity studies correlated SRI-2 with Gray Oral Reading Test-Third Edition, Gray Silent Reading Test-Second Edition, Comprehensive Test of Phonological Processes, and Otis Lennon School Abilities Test with favorable results. In addition, evidence of construct validity is presented showing that the SRI-2 discriminates between good readers and the following groups: poor readers, students with learning disabilities, and students with speech-language disorders. Bias studies demonstrate that there is little item bias in the instrument.

A major strength of the SRI-2 is that it gives you the ability to use portions of the complete instrument to identify those readers who require more in-depth diagnostic assessment. Each piece provides further evidence for the examiner.

Structure of Intellect Learning Abilities Test (SOI-LA)
by Mary Meeker, Ed.D. and Robert Meeker, Ed.D.

Purpose:	Provides a detailed profile of each student's cognitive strengths and weaknesses--information that leads to specific educational interventions
Ages / Grade:	For students in grades 2 through 12, or adults
Administration Time	1 to 2.5 hours
Format:	26 subtests, each measuring a separate cognitive ability

Recognizing that students have different types of intelligence, the Structure of Intellect Learning Abilities Test (SOI-LA) tells you "what kind," not just "how much." The SOI-LA assesses up to 26 separate cognitive abilities. Instead of a global IQ score, it provides a detailed profile of each student's intellectual strengths and weaknesses--a profile that improves student evaluation, simplifies placement, and guides teaching.

The SOI-LA is based on Guilford's multifactor model of intelligence, which classifies cognitive activity according to three dimensions:

Operations

- Cognition

- Memory

- Evaluation

- Convergent Production

- Divergent Production

Contents

- Figural

- Symbolic

- Semantic

- Behavioral

Products

- Units

- Classes

- Relations

- Systems

- Transformations

- Implications

Each of 26 subtests measures a single three-dimensional cognitive factor. For example, the first subtest, CFU, measures "cognition of figural units." The test Manual describes each of the 26 abilities assessed, explains its relation to academic achievement, and notes the significance of high and low scores.

The SOI-LA is available in two Alternate Forms, A and B, which are ideal for pre- and posttesting. Each includes all 26 subtests and yields a comprehensive profile of abilities. Either form can be

individually or group administered to students in grades 2 through 12, and to adults. A school psychologist or counselor can give Form A or B in about 2.5 hours.

To assess specific areas, two additional forms are also available: the Gifted Screening Form (Form G), which is useful in identifying gifted students (second grade through adulthood); and the Primary Form (Form P), which assesses reading and cognitive style (K through third grade), and presents items in larger print, on larger paper, so that younger children can read them more easily. These forms combine selected SOI-LA subtests, and each requires about 1 hour to administer.

In addition to general cognitive assessment, the SOI-LA is widely used to: diagnose learning disabilities, prescribe educational interventions, profile strengths and weaknesses, identify reasons for underachievement, match cognitive style and curriculum material, and screen for gifted students. The Divergent Production subtests, which are unique to the SOI-LA, are particularly useful in assessing creative thinking.

Because the SOI-LA measures discrete cognitive abilities, test results lead to specific educational interventions. The SOI-LA profile tells you at a glance which abilities are poorly developed and which are strong enough to serve as the basis for further intellectual growth. To help you apply this information in the classroom, the Manual presents teaching strategies for each ability assessed.

Test of Early Mathematics Ability-Third Edition (TEMA-3)
by Herbert P. Ginsburg and Arthur J. Baroody

The TEMA-3 measures the mathematics performance of children between the ages of 3-0 and 8-11. It is also helpful with older children who have learning problems in mathematics. It can be used as a norm-referenced measure or as a diagnostic instrument to determine specific strengths and weaknesses. The TEMA-3 is an excellent way to measure progress in math, evaluate programs, screen for readiness, discover the bases for poor school performance in math, identify gifted students, and guide instruction and remediation. The test measures both informal and formal concepts and skills in the following domains: numbering skills, number-comparison facility, numeral literacy, mastery of number facts, calculation skills, and understanding of concepts. It has two parallel forms each containing 72 items.

The standardization sample is composed of 1,219 children. Test results are reported as standard scores, percentile ranks, and age and grade equivalents.

Also provided is a book of remedial techniques (Assessment Probes and Instructional Activities) for improving the skills in the areas assessed by the test.

The TEMA-3 includes several improvements. First, a linear equating procedure allows examiners to use scores on Forms A and B interchangeably. Second, studies are now included showing that the TEMA-3 has no ethnic or gender bias. Third, the pictures of animals and money in the Picture Book are now in color, making them more appealing and more realistic in appearance.

Test of Early Reading Ability-Deaf or Hard of Hearing (TERA-D/HH)

Ages: 3 through 13
Testing Time: 20 to 30 minutes

Administration: Individual

This is the only individually administered test of reading designed for children with moderate to profound sensory hearing loss (i.e., ranging from 41 to beyond 91 decibels, corrected). TERA-D/HH is also the only individually administered reading test designed for children younger than age 8 who are deaf or hard of hearing. It has equivalent forms and taps the child's ability to construct meaning, knowledge of the alphabet and its functions, and awareness of print conventions.

Results are reported as standard scores (M = 100; SD = 15), percentile rankings, and normal curve equivalents. TERA-D/HH was standardized on a national sample of more than 1,000 students who were deaf or hard of hearing from 20 states. Normative data are given for every 6-month interval from 3-0 through 13-11.

Internal consistency and test-retest reliability are reported in the manual. In all instances, coefficients approach or exceed .90. Validity coefficients for TERA-D/HH compared with other reading, language, intelligence, and achievement tests frequently used with students who are deaf or hard of hearing also are reported in the manual.

Test of Mathematical Abilities for Gifted Students (TOMAGS)

Ages: Grades K through 6
Testing Time: 30 to 60 minutes
Administration: Individual or Group

Use the Primary Level (grades K3) or the Intermediate Level (grades 4-6) of this standardized, norm-referenced test to identify children gifted in mathematics. The TOMAGS measures students' ability to use mathematical reasoning and mathematical problem-solving. You'll have the option of group administering the test.

The TOMAGS has reliability coefficients above .80 at all 1-year age intervals. Content validity is addressed and several criterion-referenced studies favorably compare the TOMAGS to other measures of quantitative reasoning ability including the Cognitive Abilities Test (CoGAT). Several strong construct validity studies support using the TOMAGS as a identification measure for mathematical giftedness. The TOMAGS provides one composite score and can be interpreted using two sets of national norms; one sample consisting of children who are identified as gifted in mathematics and one sample consisting of "normal" children. Therefore, you can use the TOMAGS for a variety of purposes: (1) to identify students who excel exceptionally in mathematical abilities, (2) to measure the degree of mathematical abilities among gifted students, or (3) to evaluate gifted educational programs.

The TOMAGS was written to reflect the following National Council of Teachers of Mathematics curriculum and evaluation standards: Number Sense and Numeration, Concepts of Whole Number Operations, Whole Number Computation, Number and Number Relationships, Number Systems and Number Theory, Estimation, Geometry and Spatial Sense, Measurement, Statistics and Probability, Patterns and Relationships, and Algebra.

Test of Memory and Learning, Second Edition (TOMAL-2)

Author(s): Cecil R. Reynolds, Ph.D. & Erin D. Bigler

- Administration: Time: Core Battery - 30 minutes; Core Battery plus Supplementary - 60 minutes

- Scores: Scores/Interpretation: Core Indexes include: Verbal Memory, Nonverbal Memory and Composite Memory. Supplementary Indexes include Verbal Delayed Recall, Learning, Attention and Concentration, Sequential Memory, Free Recall and Associative Recall. Includes standardized or scaled scores and percentiles. Subtest scaled scores appear as $M = 10$, $SD = 3$. Composite scores and indexes are $M = 100$, $SD = 15$.

- Qualification level: C-Level

- Ages / Grades: Ages: 5-0 through 59-11

Newly revised! Now normed for children and adults!

TOMAL-2 provides the most comprehensive coverage of memory assessment currently available in a standardized battery. This assessment permits a direct comparison across a variety of aspects of memory in a single battery. This allows the assessment of strengths and weaknesses, as well as potentially pathologic indicators of memory disturbances. This nationally standardized test evaluates general specific memory functions using eight core subtests, six supplementary subtests and 2 delayed recall tasks.

TOMAL-2 is useful for evaluating children or adults referred for learning disabilities, traumatic brain injury, neurological diseases, serious emotional disturbances and ADHD.

The Devereux Early Childhood Assessment Clinical Form™

Paul A. LeBuffe, M.A.
Jack A. Naglieri, Ph.D.

Description

DECA-C was designed to support early intervention efforts to reduce and/or eliminate significant emotional and behavioral concerns in preschoolers, between the ages of 2 and 6. The DECA-C assesses both social-emotional strengths (protective factors) and behavioral concerns.

The DECA-C can be used to:

- Guide interventions

- Identify children needing special services

- Assess outcomes

- Help programs meet the requirements of Head Start and Individuals with Disabilities Education Improvement Act 2004 (IDEA 2004)

How to Use the Asssessment
The The DECA-C provides a wealth of information with only 62 items. This tool takes 15 minutes for a teacher or parent to complete. Scoring is made simple by a user-friendly record form that provides results in both graph and written form.

DECA-C includes three Protective Factor Scales (Initiative, Self-control, and Attachment), in addition to four Behavioral Concerns Scales (Attention Problems, Aggression, Withdrawal/ Depression, Emotional Control Problems). The DECA-C can be completed by both teachers and parents, but must be interpreted by a behavioral healthcare or special education professional.

Scales & Forms
- Initiative

- Self-Control

- Attachment

- Attention Problems

- Aggression

- Withdrawal/Depression

- Emotional Control Problems

Wide Range Assessment of Memory and Learning, Second Edition (WRAML2)

Benefit:	Provides an integrated set of memory tests that can be used across the life span
Ages / Grade:	5 to 90 years
Administration Time:	Less than 60 minutes for core battery; 10 to 15 minutes for Memory Screening Form
Format:	Individually administered memory, delayed recall, and recognition tasks
Scores:	Index and subtest scores that can be converted to standard scores

and percentiles for age-based
performance comparisons

This test makes it easier to assess memory functions in children, adolescents, and--with this edition--adults as well. The WRAML2 gives clinicians a single, integrated collection of relevant memory tests that can be used across the life span.

Appropriate for individuals from 5 through 90 years of age, the WRAML core battery produces a General Memory Index, plus three more specific index scores and six subtest scores:

Verbal Memory Index

   Verbal Learning Subtest

   Story Memory Subtest

Visual Memory Index

   Design Memory Subtest

   Picture Memory Subtest

Attention and Concentration Index

   Number/Letter Subtest

   Finger/Windows Subtest

Several subtests from the original WRAML are now optional (e.g., Sentence Memory) or limited to a specific age group (e.g., Sound-Symbol for 5- through 8-year-olds).

The WRAML2 also adds supplementary subtests and indexes that reflect current interests in working memory and rapid memory decline:

Working Memory Index

   Verbal Working Memory Subtest

   Symbolic Working Memory Subtest

Delayed Memory Measures

   Recall

   Story Memory Delayed Recall

   Verbal Learning Delayed Recall

Recognition

   Story Memory Recognition

   Picture Memory Delayed Recognition

   Verbal Learning Recognition

Design Memory Recognition

The delayed recall tasks can provide critical information about rapid decay of memory, an important indicator of possible dementia.

All of the subtest and index scores can be converted to standard scores and percentiles for age-based performance comparisons. The core battery can be individually administered in well under an hour, and a Memory Screening Form, composed of four subtests, requires just 10 to 15 minutes, yet correlates highly with the full test.

Given the important part that memory plays in academic success, WRAML2 is highly useful in evaluating learning and school-related problems. It can clarify the role of memory deficits in learning disabilities and attention disorders. WRAML2 is also an excellent tool for assessing memory impairment following head injury.

Adaptive Behavior Assessment System, Third Edition. Patti L. Harrison, PhD Thomas Oakland, PhD. Child Information. Â ABAS-3 results show how Jamie's adaptive skills, as rated by yourself, compared to the Parent/Primary Caregiver ratings of children the same age from across the United States. The ratings you gave for each skill area were converted into a score from 1 to 19, with 1 being the lowest and 19 being the highest, and scores of 8 to 12 being in the Average range. Adaptive Behavior System, Adaptive Behavior System third edition, Adaptive Behavior System scoring, report interpretation, validity, report, manual. Show more. Media. Video. OT Assessment via Telehealth. Video. OT Assessment via Telehealth. Product FAQs. What is the ABAS-3? Â How do I score the product? For the 11 adaptive skill areas assessed, the ABAS-3 assessment generates norm-referenced scaled scores and test-age equivalents. For the 3 adaptive domains and the General Adaptive Composite (GAC), it generates norm-referenced standard scores with confidence intervals and percentile rankings. All scores can be categorized descriptively from â€œextremely lowâ€ to â€œhigh.â€ Adaptive Behavior Assessment System Third Edition (ABAS-3) gives a complete picture of adaptive skills across the lifespan. It is particularly useful for evaluating those with developmental delays, autism spectrum disorder, intellectual disability, learning disabilities, neuropsychological disorders, and sensory or physical impairments. Forms: Behavior rating scale typically completed by parent, caregiver, and/or teacher; self-rating option for adults: Parent/Primary Caregiver Form (Ages 0â€"5), Teacher/Daycare Provider Form (Ages 2â€"5), Parent Form (Ages 5â€"21), Teacher Form (Ages 5â€"21), Adult Fo